

## UTILITY PATENT APPLICATION TRANSMITTAL

□ DUPLICATE

Address to:  
 Commissioner of Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Attorney Docket No.	KING3001/JEK/JJC
First Named Inventor (or identifier)	Daniel W. King
Total Pages	28


 19587 U.S. PTO  
 10/825157

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled:	CUTTING HEAD MOUNTING AND SUPPORT RING SYSTEM
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- ☒ 1. Submitted herewith are the following:
- 16 pages of specification.
  - ☒ Abstract.
  - 3 sheet(s) of drawings.
  - 13 claim(s).
  - ☒ Oath/Declaration signed by each inventor.
  - ☒ Application Data Sheet.
  - ☐ Preliminary Amendment.
  - ☒ Information Disclosure Statement(s).
  - 1 pages of Form PTO-1449.
  - ☐ Assignment of the invention, Cover Sheet, and payment of the \$\_\_\_\_\_ recordal fee.
  - ☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.
  - ☒ check in the amount of \$ 428.00 \_\_\_\_\_ including any assignment recordal fee.
- ☒ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☐ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --
- ☐ 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --
- ☐ 6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Eric S. Spector, Reg. No. 22,495; Felix J. D'Ambrosio, Reg. No. 25,721; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805; and Justin J. Cassell, Reg. No. 46,205.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	13	- 20 =	0	X \$18 =	
Independent Claims:	4	- 3 =	1	X \$86 =	\$86.00
Correspondence Address:  23364 Customer Number				Multiple Dependent Claim (add \$290.00):	
				Subtotal:	\$856.00
				50% Reduction if Small Entity Status:	\$428.00
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$428.00
Date:	Name:		Signature:	Reg. No.	
April 16, 2004	JUSTIN J. CASSELL			46,205	